(d) the number of nurses who went to foreign countries under HIA visa as compared to other countries?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir.

(b) The information is not maintained centrally.

(c) India is offering quality medical treatment at a cost much lower than that of other countries of the world particularly in the field of cardiology, cardiac surgery, joint replacement, ophthalmology, oncology, pathology, Indian systems of medicines etc.

(d) As no data is centrally maintained regarding the number of nurses who went to foreign countries under HIA visa, comparison in this regard with other countries is not possible.

National Vector Borne Disease Control Programme

2120. SHRI S. ANBALAGAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether National Vector Borne Disease Control Programme is being implemented to control the disease such as Malaria, Dengue and Japanese encephalitis, which are spread by mosquitoes;

(b) if so, the details thereof and the achievements made by the Government as a result of implementation of this programme on controlling/elimination of those diseases, so far;

(c) whether any initiatives are proposed to be taken to eliminate Malaria, Dengue, Japanese encephalitis and Filaria totally from the country by effective control of mosquito breeding; and

(d) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) National Vector Borne Disease Control Programme (NVBDCP) for prevention and control of vector borne diseases such as Malaria, Filaria, Kala-azar, Japanese Encephalitis (JE) and Dengue fever is being implemented in the entire country. Govt, of India provides technical support to the States and drugs for treatment of Malaria, Filaria and Kala-azar. Insecticides and larvicides are also provided as per the approved norms State Govts, are responsible for planning, implementation and monitoring of the programme. Assistance is also provided for training programme

I and Information, Education and Communication (IEC). The operational cost is borne by the States.

- Under the programme, about 95 million people are screened and their blood slides are examined for malaria annually.
- The number of cases detected from Malaria, Dengue and Japanese Encephalitis is indicated below:

Year	Malaria	Dengue	Japanese Encephalitis
2001	2085484	3306	2061
2002	1842019	1926	1765
2003	1869403	12754	2568
2004	1824002	4153	1695

(c) and (d) As the vector borne diseases depend on the interplay of biological, eco-geographical and socio-economical factors, it is not feasible to eliminate Malaria, Dengue and Japanese Encephalitis at this juncture.

As far as Lynphatic Filariasis is concerned, the National Health Policy 2002 envisaged to eliminate Lymphatic Filariasis by the year 2015. To pursue this goal, Govt, has decided to administer single dose of Dtethylcarbmagine (DEC) tablet (anti filarial drug) to the entire population in the filaria endemic districts except children below 2- years, pregnant women and sick persons continuosly for a minimum period of 5 years through a campaign of Mass Drug Administration. During 2004, Mass Drug Administration with DEC was implemented in 202 filaria endemic districts covering a population of about 407 million in 20 States/UTs. During 2005, all 259 endemic districts will observe National Filaria Day on 11 th November followed by mopping up operations on 12-13 November for improving the drug compliance by the community.

Morbidity management of lymphoedema cases is implemented through foot hygiene by simple methods to be observed by the patients. Hydrocele operations are augmented in selected Community Health Centres and district hospital to give relief to filaria patients.